Assessment of LGBT Community Capacity and Readiness to Address Tobacco Use

Conducted by the Seattle Lesbian Cancer Project
for use on the
Washington Cross Cultural Workgroup on Tobacco
Washington State Department of Health

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Introduction

The Washington State Department of Health in an effort to inform the state Tobacco Prevention and Control Plan in regards to health disparities through community-based participatory processes convened the Cross Cultural Workgroup on Tobacco in May 2001. The workgroup is comprised of individuals working with various minority communities including African-American, Asian Pacific Islander, Native American, Latino, and sexual minorities. The Seattle Lesbian Cancer Project is a participant on the workgroup and sub-contracted with the Cross Cultural Health Care Program (the organization contracted with the Department of Health to facilitate the workgroup) to conduct the Assessment of LGBT Community Capacity and Readiness to Address Tobacco Use.

Purpose

To qualitatively assess LGBT[1] community readiness and capacity to address tobacco use through ten key informant interviews.

Methods

Ten key informants were interviewed using a semi-structured questionnaire, which was adapted from a list of questions proposed by the Cross Cultural Health Care Program researcher, Tom Lonner. See Attachment 1 for the complete questionnaire.

Criteria for identifying key informants included access to, and familiarity with, the knowledge of LGBT community sub-groups including:

- youth,
- transgendered (male-to-female and female-to-male),
- rural,
- alternative sexuality,
- elders,
- African-American,
- Asian and Pacific Islanders,
- Latino, and
- persons with low socioeconomic status.

All key informants are active in the LGBT community either professionally (i.e., holding positions of organizational leadership) or personally (i.e., in positions of leadership through activism or volunteerism). The individual gender identity or sexual orientation of the informants was not a criterion, although most, if not all, informants did identify a sexual minority.
Informants described themselves as being familiar with the following population groups within the larger LGBT communities:

[1] LGBT means lesbian, gay, bisexual, male-to-female & female-to-male transgendered individuals

- Spokane area
- Tacoma area
- Puget Sound area
- Seattle area
- homeless youth
- school aged youth
- MTF transgendered
- FTM transgendered
- elderly lesbians
- African-American men and women
- lower socioeconomic status
- gay men (Caucasian, Latino, African-American)
- urban
- rural
- alternative sexualities (kink, poly)

Nine of the interviews were done over the telephone and one was conducted in-person.
The length of interviews ranged from 36 to 72 minutes. Interviews were completed between July 8 and 17, 2002.

Key Findings

Underserved

On the question "Are there groups being underserved?" the following themes emerged:

- People of color (noted by 4 of 10)
- Youth (noted by 3 of 10)
- Transgendered (noted by 2 of 10)

Distinctions between prevention, control, and cessation

Informants struggled to identify any efforts targeting the LGBT communities. In naming efforts informants did not make clear distinctions between "prevention," "control," and "cessation" but did make strong distinctions when responding to whether community members would support efforts in "prevention," "control," and "cessation."

On the question "Do you think community members would support more prevention, control, or cessation efforts within the LGBT communities?" the following distinctions emerged:
Of 8 interviewees that directly answered the question,

- 4 stated explicitly that *control* efforts would **not** be supported by community members,
- 6 stated "yes" and 2 stated "maybe" that *prevention* would be supported,
- 5 stated "yes" and 2 stated "maybe" that *cessation* would be supported with most interviewees noting the importance of empowerment, respect, and choice.

Perceptions

On the question "How **aware** are community members of the efforts targeting the LGBT communities?" the average (mean) rating was **1.5** on a scale of 1-5.

On the question "How much is the tobacco industry **targeting** the LGBT communities?" the average (mean) rating was **3.8** on a scale of 1-5.

On the question "Where are the LGBT in terms of **readiness** to address tobacco use as an issue?" the average (mean) rating: **2.5** on a scale of 1-5.

On the question "How do community members **view** tobacco?" common themes were:

- Symbol of rebellion
- A necessary evil
- Same as larger society; understand the health risks

Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis of the LGBT Communities

All informants were asked questions about the strengths, weaknesses, opportunities, and threats of the LGBT communities in regards to tobacco. Clarity of what was meant by "strengths, weaknesses, opportunities, and threats" was provided. Specifically that "strengths" and "weaknesses" are internal forces of the LGBT communities and "opportunities" and "threats" are external forces such as political climate, economy, and current cultural norms. Following are common themes that emerged.

Community Strengths

- Ability to organize around health issues (i.e., HIV/AIDS)
- Community perseverance
- Growing organizational infrastructures (i.e., new community center in Seattle, budding new community-based organizations across State)
- Strong anti-corporate mentality; sensitivity to over-marketing

Community Weaknesses

- Resistance toward being "told" what to do
- Economic and political divisions in the LGBT communities
- Too many other priorities (i.e., safe sex, homelessness, drug use, alcohol use)

External Opportunities

- Tobacco settlement funds
- The Internet
- Growing awareness of LGBT experience and its stressors
- More "out" role models

External Threats

- Lack of money/funding to address issue
- In transgendered community, seeking services can be dangerous (i.e., being "outted")
- Homophobia (in politics, families, education, youth-serving organizations, rural areas)
- Selling off of tobacco settlement monies

Limitations

Several central groups were underrepresented including:

- Non-English speaking persons,
- Individuals with disabilities
- Asian and Pacific Islanders,
- Native American, and
- Latino.

Notes from the full key informant interviews are provided in Attachment 2.

Discussion

The bar connection

The relationship between the LGBT communities and bars was noted in almost all the interviews. A common theme was concern over successfully addressing tobacco due to (1) the central role bars play in socialization and (2) because bars are a major venue for funding community-based organizations. As long as bars are the nexus of the community and few alternatives exist, informants believed smoking would be a widely accepted norm. Secondly, because bars are bound to the alcohol corporations and the alcohol corporations are bound to the tobacco corporations and LGBT organizations are bound to seeking constituency financial support via the bars and corporations, no serious change can occur around tobacco use.

> *"We still come out of the closet through the bars."* –Key Informant

A history with shame

High levels of concern were expressed around implementing tobacco control efforts in the LGBT communities because of strong resistance to authoritarian messages and pervasive "its my body/choice/freedom" attitude (particularly in the gay male communities). Informants described this as a consequence of shameful messages throughout life. Beginning with the shame society ascribes to being gay and through the shameful health messages prevalent in HIV/AIDS education. Almost every informant stressed the need for tobacco efforts to be empowering, portray sexuality and gender identity as a healthy dimension of oneself, and provide choice. Compared to control, prevention was viewed as more likely to be supported and cessation as the most likely to be supported in the community.

> *"Society views gay men only as vectors for disease. So why not smoke?"* – Key Informant

> *We would need smart prevention and cessation programs because shame and blame just ain't gonna do it here.* –Key Informant

Resilience and resistance

A strong sentiment gleaned from the key informant interviews was the pervasive culture of resilience within the LGBT communities. Resilience, in a different context, becomes resistance. Key informants noted that anyone that has gone through the "coming out process" has done so despite negative, homophobic messages around him or her throughout their entire lives. Sometimes this meant the loss of close friends and family. Frequently it meant a sacrifice of safety. The "coming out process" creates individual resilience and community pride because despite group, family, social pressures one has overcome tremendous discrimination and faced intense homophobia in order to accept their sexuality or gender identity. Anti-smoking messages telling LGBT individuals "not to smoke" can be psychologically equated with the messages "not to be gay" and are therefore resisted accordingly.

Just one more issue

Most informants commented that tobacco use was just one more issue to be addressed in the LGBT communities. Basic civil rights and immediate health concerns take precedence in individual decision-making and organizational priorities. Particularly with LGBT youth and young people questioning their sexual orientation or gender identity, cigarette use is an easy way to gain membership into a peer group and serves as a situational stress reduction. Youth, like LGBT adults, seem to fully understand the health risks involved with smoking, but perceive they have "a lot of time to quit," and have much more pressing issues to work on in their lives (i.e., coming to terms with sexuality, dealing with violence, homelessness, drug use, safe sex issues, depression, etc.).

> *Why would we worry about something that is going to kill us slowly* [tobacco*] when we are already worried about something that can kill us quickly* [AIDS]*?*
>
> –Key Informant

> *Accumulated life stressors and multiple layers of identities that are marginalized create over-targeted, multiply marginalized, underserved populations such as African-American gay male youth.*
>
> –Key Informant

Differences within the communities

Not all populations or sub-groups in the LGBT communities appear to be at the same level of capacity or readiness in regards to addressing tobacco use. Informants stressed that tobacco efforts within the LGBT communities cannot be blanket attempts. Unique circumstances, histories, concerns and priorities exist in different groups. Specifically,

- Because of hormone use there is more concern around, and awareness of, tobacco use in the transgendered communities,
- Because of increased concern over violence and transphobia and/or not identifying as gay, many transgendered individuals do not want to be out and will not access trans- or gay-specific services,
- Gay men have been historically over-targeted with shameful health messages,

- Because of the conservative political climate, LGBT people living in rural areas are much more concerned with being "out,"
- LGBT persons of color have multiple layers of discrimination.

> *Tobacco work in the transgendered community is just too early. They are just getting a place at the table.*
>
> –Key Informant

Conclusion and Recommendations

- Preliminary conclusions of the key informant information coupled with the existing research literature[i] indicate that LGBT youth and persons of color are underserved, face multiple layers of disparities, and are over-targeted by tobacco corporations. While transgendered individuals are also underserved, their unique concerns and level of readiness must be considered individually.
- Social capital outweighs capacity and infrastructure, although slowly capacity and infrastructure are being created.
- Effective tobacco efforts should focus on prevention and cessation over control and be empowering and respectful.
- Utilizing Internet technology to reach and support rural and persons not "out" may address concerns of those sub-groups.

Overall, the LGBT communities appear in the earlier stages of readiness and until significant issues such as the social and financial dependence on bars and dealing with more acute health issues and concerns is resolved, readiness to address tobacco use will continue to be a low priority.

Literature Review

Research has found smoking rates in the LGBT communities to be anywhere from 41.5% (Stall, et al, 1999) to 25% (Nieto, 1996). Based on a meta-analysis of the existing research literature, the Center for Disease Control and Prevention concluded:

- Comparisons between young gay men and lesbians found that lesbians actually smoke more than their gay male counterparts,
- Studies indicate that smoking rates are higher among adolescent and adult LGB persons than the general population,
- The rates of tobacco use among sexual minority men and women may exceed those of the general population ultimately leading to increased rates of tobacco-related disease,
- One researcher found 41.5% of gay adults to be smokers a rate far in excess of the national rate for tobacco use by men generally,
- One researcher found that adolescent males who engage in same sex sexual behavior also have increased rates of tobacco use relative to their peers,

- Some studies indicate that lesbians may smoke more and have a higher body mass index than heterosexual women and therefore be at much higher risk for cardiovascular disease and cancer.

Bibliography

Arday, DA; Edlin, BR; Giovino, GA; and Nelson, DE. Smoking, HIV Infection, and gay men in the United States. *Tobacco Control* 2:156-158, 1993.

DHHS. *Preventing Tobacco Use Among Youth People: A Report of the Surgeon General*. Atlanta, GA; DHHS, PHS, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health, 1994.

Goebel, K. Lesbians and gays face tobacco targeting. *Tobacco Control* 3:65-67, 1994.

Penkower, L; Dew, M.A; Kinsely, L; et al. Behavioral, health and psychosocial factors and risk for HIV infection among sexually active homosexual men: The Multicenter AIDS Cohort Study. *American Journal of Public Health* 81(2):194-96, 1991.

Skinner, WF. The prevalence and demographic predictors of illicit and licit drug use among lesbians and gay men. American Journal of Public Health 84(8): 1307-1301, 1994.

Stall, R.D.; Greenwood, G.L., Acree, M; et al. Cigarette smoking among gay and bisexual men. *American Journal of Public Health* 89(12):1875-1878, 1999.

CDC. Cigarette Smoking Among Adults – United States, 1992, and changes in the definition of current cigarette smoking. *Morbidity and Mortality Weekly Report* 43(19):342-346, 1994.

Valanis, B.; Bowen, D.J.; Bassford, T.; et al. Sexual orientation and health: Comparison in the Women's Health Initiative samples. *Archives of Family Medicine* 9:843-853, 2000.

Appendix

I. Interview Questionnaire

II. Key Informant Interview Matrix